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CONFIRMATION NO. 7504

SERIAL NUMBER 09/464,416	FILING OR 371(c) DATE 12/16/1999 RULE	CLASS 424	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. RPP:156BUS
APPLICANTS YASMIN THANAVALA, WILLIAMSVILLE, NY; CHARLES JOEL ARNTZEN, ITHACA, NY; HUGH S. MASON, RESIDENCE, NOT PROVIDED;				
** CONTINUING DATA ***** This application is a CIP of 09/418,177 10/13/1999 ABN which is a CIP of 09/420,695 10/19/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/06/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY NY	SHEETS DRAWING	TOTAL CLAIMS 12
Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 2
ADDRESS 24041				
TITLE ORAL IMMUNOLOGY USING PLANT PRODUCT CONTAINING A NON-ENTERIC PATHOGEN ANTIGEN				
FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	